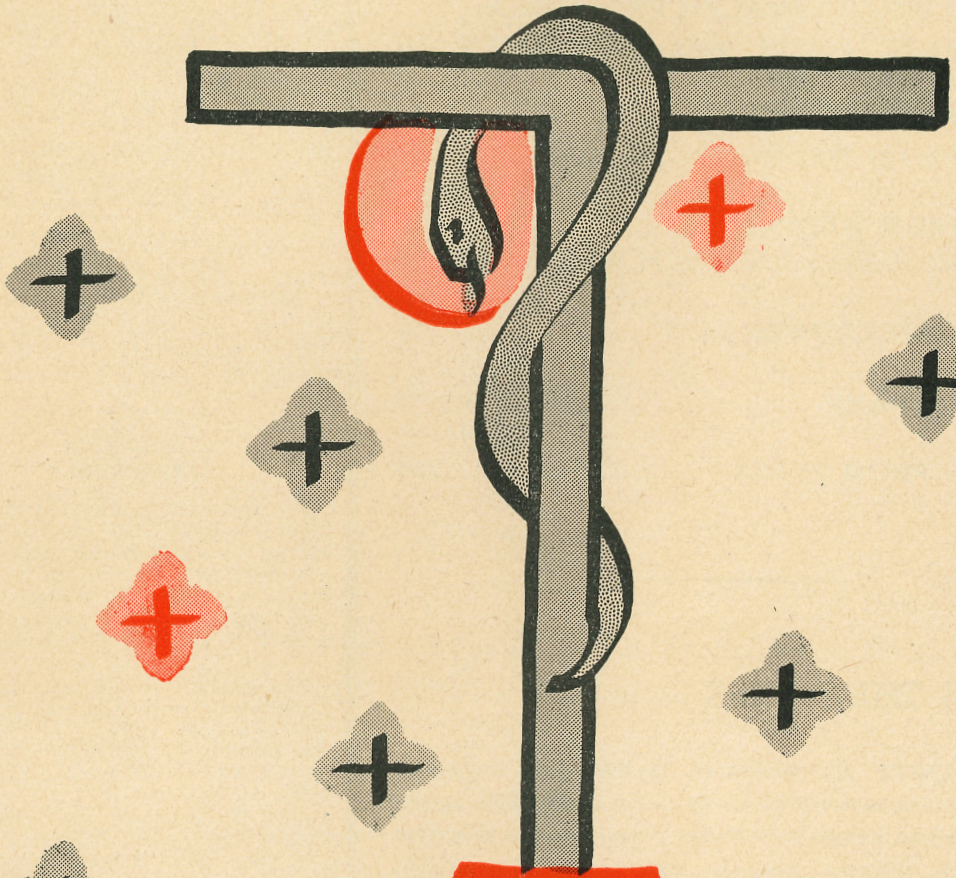
The MEDICAL MISSIONARY



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CHRISTIANITY IN MEDICAL ACTION—as expressed through the corporal works of mercy, is the theme of an article by Father Michael Kenny, S.J. Father Kenny teaches at Spring Hill College in Alabama. He is an authority on early mission history in the Southern States.

A FEW BRIEF NOTES—a short conference at a seminary in France . . . became the seed of the Apostleship of Prayer. J. Vincent Watson, S.J., who writes of the hundred years' history of the Apostleship, is stationed in New York City.

TUBERCULOSIS — INDIA'S PUBLIC HEALTH PROBLEM No. 2—Sister M. Leonie Tummers, M.D. reviews some of the difficulties encountered when medical science attempts to solve it.

BIHISHTIS — MEN FROM HEAVEN — bring water to thirsty travelers in India. Sister M. Alma Julia went on a journey. She tried an experiment . . . and it worked!

THE
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Editor

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The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of D. C., and Houses of Postulate in studies in Brookland, Washington, England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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Thought For Tomorrow

By the end of June hundreds and thousands of young girls will have graduated from our Catholic high schools and colleges throughout the country. In view of the emergency created by the war, it is superfluous to ask: "What will these young women do?" There are too many opportunities waiting for them, the various branches of the service, defense work, Red Cross, nursing and social service, good work—ad infinitum.

Yet, we ask: "What will these young women do?"—not now, not this year, nor next year, nor even the year after. What will they do a few years from hence, when the rush and pressure of the war is over; when many of them will stop to think; when they will want to settle down to their real life's work?

In normal times the answer might be comparatively easy. Marriage would be the normal course for most of them.

But let us face the future clearly. The coming of peace will not terminate the sacrifice that women will make in this war. Their sacrifice will extend far into tomorrow, when thousands of the young girls who are leaving school today will have to live alone, because the men they might have married will have died. For a generation many of these young women will face a life of loneliness, yes, even of homelessness, in the sense that man and woman and children make a home together.

It is not easy to state these facts. Yet we must look at them clearly and fearlessly, because they are inevitable. True enough, most of these young women will have jobs, good jobs probably. And with the jobs will come money and nice things to eat and pretty clothes to wear and pleasant apartments to live in. But jobs are not enough. They cannot and will not satisfy these young women, for the simple reason that women are not meant to work only for themselves.

Women are made to give and to serve, not for profit, but out of love. Normally, most women can do this in marriage. But with married life an impossibility for so many, how will these many serve? Will they have to be cramped, spiritually and psychologically, for lack of opportunity to give? Will they have to live lives, precarious and unsatisfying, because they are holding jobs, where there is no room for love?

We might as well be frank about it. If women face these difficulties and questions rebelliously, with the determination to think only of themselves, the result will be social chaos. Instead of harmony there will be discord; instead of victory and peace, there will be only the illusion of victory.

In the Church, however, Catholic women can face these problems with real optimism and tremendous courage. They can face their tomorrows fearlessly, hopefully, joyously—because as members of Christ they have not only opportunities but responsibilities to work, to serve and to love. For each and every one of them, as a Catholic, there is the responsibility of being a Christ-bearer, of sharing with others the Catholic heritage of her Faith.

When this war is over there will be even greater opportunities and facilities for reaching the one and a half billion souls who have not as yet professed their membership in the One True Church. To take these oportunities, to use them for Christ and for the good of souls, a legion of missionaries will be needed. Their work will extend into many fields, into all kinds of service, medical, social, educational. The need is urgent; the time is opoprtune. But missionaries must be there to use it.

May we not suppose that in the Providence of God, the problems and difficulties confronting women as a result of the war can be used to draw our Catholic girls to heroic love and eager sacrifice for the spread of the Kingdom of Christ? For Catholic women there are no lost horizons. There are only new horizons, greater ones beyond which there are souls, millions of them, African, Chinese, Japanese, Indian souls, souls to be saved, each one an image of Christ.

Christianity In Medical Action

by

The Rev. Michael Kenny, S.J.

The title and subject of this article were found in a citation from Bishop Thomas Pothacamury of Bangalore, South India: **"Hospitals offer splendid opportunities for presenting the Gospel message in word and deed. They represent Christianity in action. . . ."**

They have been doing so for sixteen centuries. It was for this, in fact, that hospitals were founded, but the healing practices and purpose go farther back. When doubting adherents whom His faithful Baptist witness had sent to Jesus reached Him they found He had, "cured many of diseases and afflictions in that hour." And when asked, "Art Thou the promised One?" Jesus answered: "Report to John what you have heard and seen: the blind see, the lame walk, the lepers are cleansed, the deaf hear, the dead rise, the poor have the Gospel preached to them."

Indicating the divine purpose in the culminating words, Jesus pointed to the cured in proof of His Divinity; and He went on multiplying proof, for "virtue went out from Him," and wherever He walked, all diseases fled from His presence and His touch. This was not primarily in proof of His Godhead. It was because "He had compassion on the multitude" and His heart went out to the afflicted. He had taken our flesh upon Him and felt for our sufferings in that flesh as well as in the soul that vitalized it. It was through the body's senses that the soul created in God's image was ordained to do its thinking, and Christ further ordained man's body to be hallowed by His sanctifying Spirit and sacramental oils and even by His own Body and Blood, and so rise transformed to the likeness of His glory.

Hence, when He summed all the Commandments in two and likened the love of neighbor to the love of God, He set the proof of both in the corporal as well as the spiritual works of mercy, specifying "to visit the sick," which He also declared essential for the final judgment of salvation. With mind and memory relit by the Pentecostal Fire, the Apostles exercised and organized the works of mercy. Peter's cure of the cripple "in the name of Jesus Christ of Nazareth Whom you crucified" was followed by many such healings but also by the natural curings and comforts of deacons and deaconesses consecrated to the service of the sick and needy and afflicted.

They discharged the duties of visiting nurses with the other ministries of mercy; and as the sick and maimed and suffering in every form multiplied in the great Roman persecutions, these and associate works grew under the Church's direction into a vast network of organized charities, which, says Lecky, "soon ramified over Christendom till the bond of charity became the bond of unity and the most distant sections of the Church corresponded by the interchange of mercy."

Seeing Christ in the poor and persecuted, as Lecky keenly notes, the organized workers of mercy so wrought for God's love that the penalties of persecution but intensified their devotedness, winning the pagans to admiration and often to reception of Christianity. It also freed women from the shut-in condition that Roman custom had imposed on all except the lewd. Breaking down such restrictions, the Christian women entered eagerly with men into organized charities, and more numerously in visiting prisons, mines, quarries, galleys or wherever their suffering brethren were condemned. The reverence they won soon liberated womanhood.

When with freedom under Constantine the Church could bring her institutions into the open, it was the Christian women, East and West, who first established charity hospitals, in fact the first general hospitals of any kind. In the fourth century Fabiola turned her Roman palace into a hospital for the ailing poor, and St. Jerome's picture of this patrician lady carrying infected victims in her arms and washing their fetid sores is a thrilling panegyric of the model Christian nurse.

His equally noble protegée Marcella turned her spacious residence into a center for Christian work-

ers, among them Paula and her daughter Eustochium, who having followed Jerome to assist in his scriptural work, opened hospitals and hospices in Jerusalem and Bethlehem. These were soon multiplied East and West, under the guidance of such bishops as Saints Gregory, Chrysostom, Basil and Augustine, by other saintly foundresses such as the Empress St. Pulcheria, and St. Melania the younger, who devoted the greatest fortune in the empire to such foundations, and closed her career subject to a superior of one of them who had been her slave.

Notable among the hospitals of all time was St. Basil's that grew into "Newtown" adjoining his episcopal city of Caesarea. It was rather a series of hospitals and allied institutions, having separate buildings for the sick of all orders, for surgical cases, for infectious diseases, for lepers, for the insane, for the aged and feeble of both sexes, for orphans and foundlings and ailing pilgrims, besides craft schools for the crippled and deformed, training schools for nurses, homes for resident nurses, surgeons and physicians, and an employment bureau for patients rendered capable of work. It was truly a medical missionary achievement, for under its inspiration St. Basil saw his largely pagan diocese grow entirely and genuinely Christian.

When these and other Christian glories of the fifth century were arrested or erased by barbarian and Moslem, the Benedictine Order, especially its sisterhood, preserved its nursing traditions, and the most important treatise on healing and general medicine in the early Middle Ages was composed by Hildegarde, a Benedictine Abbess. The fifth century's arrested development was gradually resumed until the thirteenth gave it glorious culmination in every domain.

This greatest of centuries opened with the founding Rome by Innocent III of the great Santo Spiritu Hospital. Staffed by famous physicians and surgeons, conducted by the nursing Sisters and Brothers of the Holy Ghost and designed scientifically for hospital requirements, this architectural as well as medical monument remained till recent years an example to the world. It was so intended by Pope Innocent, who urged the Bishops of Christendom, as had the Council of Nicaea in the fourth century, to have good hospitals provided for the poor in all their cities and towns.

They did so to an extent that is astounding. St. Louis IX and his sister Marguerite, and their royal relatives in Spain, erected grand medical buildings on the separative system of St. Basil, some even providing sign and lip training for the mute and deaf. Their kind grew numerous not only in the Latin countries. There were hospitals, writes Virchow, mostly of the Sisters and Brothers of the Holy Ghost, in every German town; and there were over seven hundred in the then thinly populated but wholly Catholic England, maintained for the poor and needy by the craft and merchant guilds and other Catholic Actionists from Court to township.

Came the woeful **Deformation,** which, denouncing good works, confiscated or destroyed these institutions for the poor. Whatever hospitals remained in Protestant countries became little better than prisons or charnel houses and were so regarded. It was only after Florence Nightingale had wakened the world to the horrors of it in the holocaust of untended victims of the Crimean War that the renovation in medicine and hospitals developed under Pasteur and Lister and their kind into the happier conditions of today. But Miss Nightingale had to go for training to the Sisters of Mercy and Charity in Paris and Dublin, and she generously acknowledged her debt to the Irish Sisters in the Crimea for their nursing efficiency.

Trained hospital and nursing work, mainly by religious women, never lapsed in Catholic lands, and male nursing and healing were renewed in the sixteenth century by St. Camillus de Lellis, who under the first Red Cross insignia sent out his Brothers from hospital to battlefield. The Ursuline Sisters first brought the hospital to our own territory in New Orleans, and more than half the patients of the United States are in Catholic hospitals now. It is an unbroken Catholic heritage.

Our medical missionary work has been wider than hospital areas. Our missionaries have often been healers. Father Pedro Martinez, America's first Jesuit martyr, slain in Florida in 1566, had trained himself in the best foods and medicines for the varied prospective ailments of his Indians, and Father Kino's expert medical treatment of his West Coast Indians lent not a little to his Christianizing power. Of countless such instances, a recent one of uniquely American stamp comes from a North Carolina county where Catholics are rare. A few years ago the Bishop was astonished to read that the majority were registered by the United States Census Bureau as members of the Roman Catholic Church. He found on inquiry that the Jesuit missionary then stationed in that district had been giving medical aid freely to the creedless natives, and though scarcely a score were baptized, when questioned they answered, "Catholic," almost to a man. The Father's religion was theirs.

The serious implication in this amusing incident is rooted in the Catholic missionary method which couples the corporal with the spiritual works of mercy. Now that millions of Americans are sent abroad to make the world good by force, it is encouraging to see in the apostolic training and purpose of the Medical Missionaries that other Americans are sent to bring Christ's peace to a stricken world in Christ's way.

Note: Histories of Medicine and Nursing by non-Catholics, even the best of them, find necessary correction and supplement in Dr. J. J. Walsh's "The History of Nursing," "The Catholic Church and Healing," and his other works on the Church's relations to medicine and science. Of wider range are his articles in the **Americana** encyclopedia, which cover the Church's contributions to humanity in every order, especially to medical advance, in each successive century from the first to the twentieth.

TUBERCULOSIS . . .
India's Public Health Problem No. 2

by

Sister M. Leonie Tummers, S.C.M.M., M.D.

Jamilla Begum, age two and a half years, weight ten pounds, is carried to the dispensary by her elder brother. Jamilla is one of the many young Indian children who suffer from T.B.

"Madam, will you please plaster my wife?" a tall, slender Sikh with long black beard was addressing us. He had the X-ray plate with him. As usual, he and his wife had gone the rounds of doctors and hospitals, until finally they decided to follow the unanimous advice and have a plaster of Paris cast applied. The X-ray picture showed moderately advanced tuberculosis of the spine, and we could only advise the same as the others: a body cast. The husband consented to the treatment, and so did the wife.

When it was brought to us, the X-ray plate was already three months old! Poor woman—she had dragged about for three whole months, when all this time she could and should have had complete immobilization of the affected spine. Fortunately this case ended well. Once the patient had made up her mind to the treatment she persevered in it, gained weight and improved considerably. Not all, however, can tell of such a happy ending.

There was Bhagwanti, the **mali's** wife, who was admitted to the hospital with abdominal tuberculosis. Yes, she had been quite ill with fever and diarrhea, but of course, she thought it only **mamuli bukhar,** ordinary fever. Apparently the average person in India does not make much of a few days' fever. People are so accustomed to it, they think it should be thus. At any rate, Bhagwanti with her wan little smile thought the fever quite in the ordinary run of things. And as for diarrhea, the prevailing attitude is: why worry about that, unless it makes one too weak—as it did Bhagwanti now.

But this time she felt very weak, and the fever lasted unusually long. Someone had told her she could get good fever medicine at Holy Family Hospital, and so she came. As things turned out, she came and stayed until the end, with her ready little smile and her patiently resigned: "It is my kismet; God wills it so."

There was Akhbar Jan, age thirteen. Her parents brought her to us because she had a tumor. We too, thought it was a tumor until on the operating table we found she had a large tuberculer gland, which could not be removed. Her parents were so disappointed. They could hardly wait for the time of discharge from the hospital, so they could take the poor child to someone else. All our requests to have her treated to the best of our ability, with the possibility that everything might be all right, were of no avail. Akhbar Jan left and is quite probably still making the rounds of hospitals and doctors, with the same disappointing result.

A Mussulman friend of ours had been coming to the dispensary for some three years with a chronic cough. She would not consent to the active treatment which we advised her to try, even though in her case it would have been of doubtful value, since the disease was already so far advanced. However, she continued to come to us for the medicine. At last the dispensary sister, who had looked after her for many a day, was called to her deathbed, for, as a token of friendship, she had been chosen to place a rose in the dying woman's hands. The sequel of this story is a sign of the changing times. The woman's fifteen-year-old cousin, who had contracted the disease, made up her mind to have herself examined and is undergoing treatment in our hospital with very good results.

And good results can be had. There is the example of the little Sikh mother. Her husband was an educated man and saw to it that his wife came regularly to the hospital for treatment. Two months after the birth of her first child, she was found to have an

early tuberculosis. This, of course, was a blow to the husband. "I will take her to my village and she will die," he said, with tears in his eyes. After the first shock was over, however, he consented to the more rational line of action. The baby was admitted to the hospital while the mother underwent treatment. In a few months the child grew into a darling little boy with large blue eyes and long black hair, worn in Sikh fashion. Blue eyes are unusual, and the proud father used to say to us: "He looks like an American baby." It was his way of paying tribute to our care. The mother is fully recovered now and is taking care of the youngster herself.

These are but a few instances taken at random from the patients we meet with day in and day out. Although we have a general hospital and refer open cases of tuberculosis to the tuberculosis hospital, two percent of the admissions show the disease in the diagnosis, whether primary or secondary. These cases show what can be done and indicate some of the difficulties we encounter in the fight against India's public health problem number two.

Yes, in spite of the widespread epidemics that ravage India, in spite of the one million lepers who walk her roads, tuberculosis is still the second largest public health problem in this country. Malaria ranks first. Then comes tuberculosis, not only because of the number of deaths every year, but also because of the enormous economic loss to the country, as a consequence of the illness and deaths among adolescents of both sexes, among whom tuberculosis takes its heaviest toll.

The Indian Medical Gazette states the problem as follows:

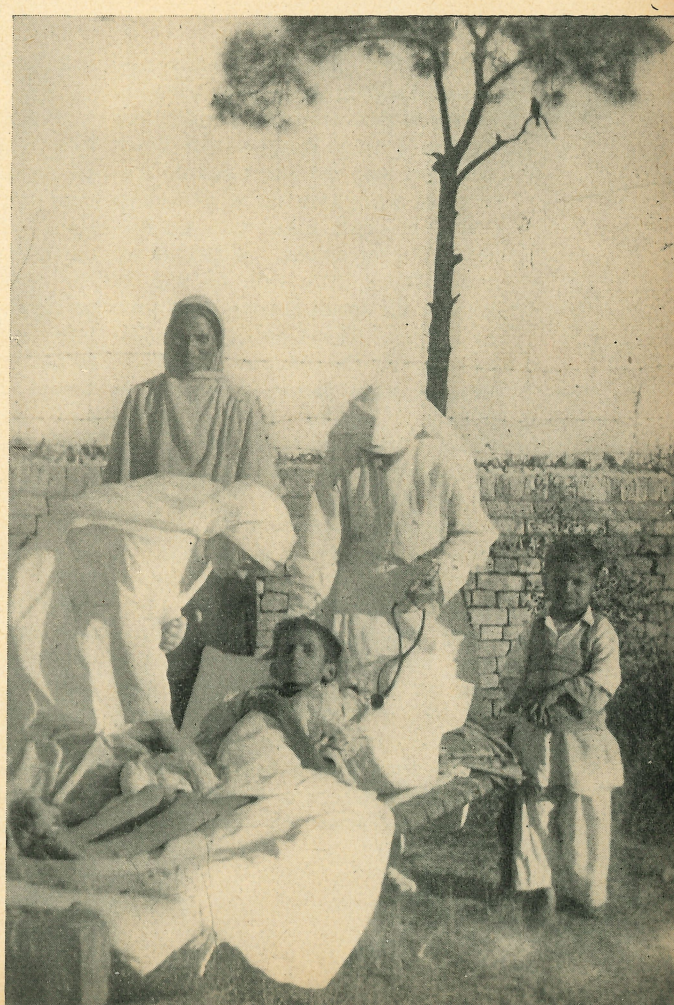
"Tuberculosis is one of the most urgent public health problems in India. Although tuberculosis is by no means a new disease in this country, at no time in the history of India has it been so widespread and so devastating in its effects as it is at the present time. With the development of industries all over the country and the introduction of rapid modes of transport, with the ever-increasing immigration of the people from the rural to the urban and industrial areas in search of work, and with the unsanitary conditions and low standards of living that prevail, the disease has made rapid strides within the last two decades. It is now not only prevalent in most of the towns in India, but also in many rural areas. It is estimated by some workers that there are over three million cases of tuberculosis in India and that not less than five lakhs of people die of the disease every year. This may be an over- or an under-estimate, but the fact remains that the disease is responsible for enormous mortality and morbidity in the country."

"Low standards of living and unsanitary conditions . . . . " Just the other day I was called out to see a patient who was bedridden. Her home was in the bazaar. In her room there were two beds so close together that the chair which is inevitably brought in for the doctor to sit down, just fitted in between them. In that room I counted five women and eleven children, age one year and up, squatting or lying on the beds. This did not include the patient or her attendant. Besides her other troubles, this woman had tuberculosis of the spine and a cough, indicative probably of incipient pulmonary tuberculosis. The condition of that room from a sanitary point of view was appalling.

The crowded bazaar was no better. The street, only five feet wide, was bordered on either side by an open sewer. Toddlers crawled about indiscriminately. It made a sordid picture, but it is common enough in the cities and in some of the rural areas.

Intense activity against tuberculosis can produce results. In Detroit, for instance, the annual death rate during fifteen years of the anti-tuberculosis campaign decreased from 1,300 to 680.

Any public health campaign in India is handicapped from the start by the illiteracy and unhygienic habits of the people. In other countries, as results have shown, a tuberculosis clinic can do marvels. Here, as a worker in Delhi states: " . . . The experience of the clinic is that in a good percentage of cases isolation was not possible in the homes. From the point of view of the spread of the tuberculosis organism home treat-



Aziz, a young Indian lad who also has tuberculosis, was carried to Holy Family Hospital on this charpoy.

ment is only successful if the home conditions are such that isolation is possible; sputum positive cases should be institutionalized."

Public health in India has only scratched the surface, but it keeps on working courageously. Lady Linlithgow gave it an impetus when she launched the appeal for the "King-Emporer Anti-Tuberculosis Fund" in 1937. In 1941 the Lady Linlithgow Tuberculosis Sanatorium with 250 beds was established. Of course this is not going to solve the tuberculosis problem, but it is a start. In countries where anti-tuberculosis measures are well established one bed for each 1,000 of the population is recommended. This means that India would require 400,000 beds for tuberculosis patients. With home conditions as they are, the need is even greater, and as the Indian Medical Gazette writes: "We have only a minute fraction of this number."

Sanataria, clinics, treatment and medicine, all are necessary and need multiplication many times over in present-day India. But next—if not first—there is necessary a change in the social and economic conditions, to provide for a more even distribution of India's wealth and to give the people an insight into the fundamental principles of resistance to infection through proper food, housing and sanitary habits of living.

We are trying to do our little bit to keep the Bhagwanti's, the Tej Kaur's, the Akhbar Jan's and others well and happy—but the need is immense!

Phalanx of Prayer

by

J. Vincent Watson, S.J.

The history of the Apostleship of Prayer . . . the story of a hundred years of concerted action of the Mystical Body of Christ praying as a unit . . .

Just one hundred years ago when Disraeli was preparing to take his seat atop the powder keg of the British Empire and when America was moving towards fratricidal slaughter on a skin-deep issue, a small man with no historical pretensions, jotted down notes for a little talk he was to give in the Jesuit Seminary at Vals in France. These notes, of no importance to the masters of France, became large pages in the annals of the Kingdom of God. From those jottings grew an association of forty million souls, known today as the Apostleship of Prayer.

The day of Father Gautrelet's talk was the feast of St. Francis Xavier, Dec. 3rd, 1844. It was a routine conference at the Seminary, but it was to affect a hundred million souls in the course of one century. The seed that day fell upon good ground, and the fruit was manifold. Here at the Seminary were young Jesuits, priests in the making, who carefully harbored aspirations to work in mission fields. The whole year round their horizons were books and a classroom, but on the feast of their own St. Francis Xavier they could enlarge their visions and again see fields ever white and heavy for their harvesting.

Because the feet that would have tramped the world for Christ were forced into neat little rows under seminary desks, Father Gautrelet found for them a means of benefitting the missions from a distance. He gathered the seminarians into a large prayer-group and had them direct their prayers, works and sufferings towards their far-flung mission stations. For the seminarians this was an outlet for a constrained missionary ambition and for the missions it was another link with the Church at home besides being a spiritual savings-bank on which the missionaries could freely draw.

Thus was born the Apostleship of Prayer. Twelve of the seminarians organized this infant apostolate and kept a record of their combined offerings. A small leaflet was circulated from room to room and on it they printed the different intentions for which they all were to offer up their day. The practice soon embraced the entire Seminary and the surprised Father Gautrelet wrote a small booklet to describe and theologically justify the new association.

Within five years, this little

THE MORNING OFFERING

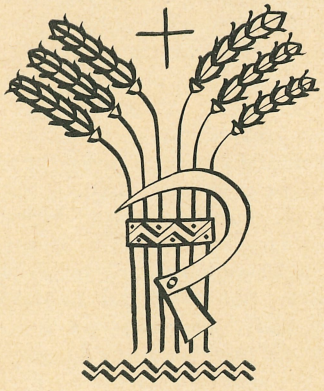
O Jesus, through the Immaculate Heart of Mary I offer thee all my prayers, works and sufferings of this day, for all the intentions of Thy Sacred Heart, in union with the Holy Sacrifice of the Mass throughout the world, in reparation for my sins, for the intention of all our associates and in particular for reparation to the hearts of Jesus and Mary and for more priests for the numerous Catholics of East Africa.

league had the sanction of Pope Pius IX who enriched the practice with bountiful indulgences. In the year after its beginning, Father Gautrelet had the opportunity to introduce the practice in many seminaries and convents, during which time he wrote a brochure, "Apostleship of Prayer in Union with the Sacred Heart," which is being reedited to this day. By 1852, the leaflet which once was circulated in the Seminary at Vals was enlarged into a monthly magazine and became the first "Messenger of the Sacred Heart." When Father Gautrelet and the twelve originators of the practice finally disappeared from the scene, there were more than fifteen "Messengers" and the associates numbered about 35,000. At Vals, where the modest beginnings were made, a huge sanctuary has been erected, built by contributions of associates from the four corners of the world.

The Popes, from 1875 on, have been quick to bless this work and to recommend it to the faithful all over the world as a very efficacious means of drawing closer to the Sacred Heart. When the Universal Church was dedicated to the Sacred Heart of Jesus, it was Father Ramiere, one of the original twelve seminarians, who was asked to transmit the decree of the Sacred Congregation of Rites and the Formula of Consecration to all the Bishops of Christendom.

Pope Leo XIII in an audience to some associates in 1893 said that the Apostleship of Prayer was very dear to his heart, and that its accomplishments in uniting so many Catholics in a crusade of prayer earned it a special title to his affections. Pius X in 1911 called the association one of the most useful organizations in the Church for remedying the ills of society. Benedict XV, in the missionary encyclical, "Maximum Illud," recommended the Apostleship to all the world, expressing a strong wish that all the faithful be numbered among its members.

Pius XI said twenty years ago that in this association he found his hope and peace amidst the ever-present anguish and sorrow of the world. He reported to the national directors assembled in Rome two years later, that he would not rest until every Christian was enrolled as a member. Finally, our gloriously reigning Pontiff, in his encyclical on the Mystical Body of Christ, urged everyone to join this apostleship so agreeable to God, to offer to Him all their works and sufferings to help better our sordid world.



"Pray ye the Lord of the harvest that He send laborers into His harvest . . ."

That, briefly, is the history of a hundred years of concerted action of the Mystical Body of Christ praying as a unit. The Pope, the visible head, makes the intentions, and the faithful, the members of Christ's Body, unite in offering their daily lives for the well-being of the whole Church. That, too, is the history of a hundred years of mission crusade, with all the associates exerting a prayerful influence over foreign fields otherwise beyond their reach.

The work, however, is far from complete. The missions have been planted and watered, but they are far from full grown. They have never before been forced to endure the devastations of a world-wide war. The Church has watched its tiny churches destroyed, its mission schools burned, its shepherds scattered. If ever the missions needed prayer, it is now; if ever missionaries counted on the League of the Sacred Heart for support, it is now. The second century of this potent and practical spiritual crusade is just beginning. It is our century.

"We are still far from complete in sounding the Sursum Corda of the whole world. In two or three centuries when the Church shall have been established everywhere and when the missionary labor shall have finished, there will still be much work to be done; there will be the whole world to keep for You . . .

"But I would hasten the time when all the components of that immense undertaking shall be brought together. We know not what deep, pathetic, adoring note the Church in India will sound in that concerted prayer; we know not with what heroic calm the Japanese will make their profession of faith; we know not with what exuberant enthusiasm the Blacks will welcome the Saviour; we know not with what wise and silent pertinacity the Chinese will fill our churches . . . As yet we have only two or three strings to our harp, and Islam, alas, has snapped the deep-toned strings of the Eastern Churches. It is necessary that we bring together the rich tones of all non-Christian peoples, all the vibrations of those numberless souls; then, and then only, the adult age being attained, shall we hear the voice of a whole Christian world."

—Father Charles, S.J.

Water From Heaven

by

SISTER M. ALMA JULIA, S.C.M.M., M.T., PH.G.

In India "bihishtis," men from heaven, bring water to thirsty Mohammedans, Hindus—and Christians . . .

Most of us have read about, and some of us have experienced, the Indian trains and water facilities, or the lack of them, when traveling. There is no drinking water on the train. If you know you will be thirsty, you must either carry water with you in a jug or thermos flask, or else you must stop at some station where you will most likely be able to buy tea from the railway company.

Trains do stop rather a long time at most of the larger stations, from fifteen minutes to half an hour, so you have plenty of time to get something to drink. At these stations you see one water tap marked, "Hindu water," and another marked, "Mussulman water." Besides this, a Hindu and Mussulman water carrier walk up and down alongside the train windows calling out: "Hindu water, Hindu water," or "Mussulman water, Mussulman water." From some of the windows lean Hindus, who call: "Oh, **Bihishti**, Hindu water," and hold out their jugs to be filled or cup their hands for a drink. The water-carrier has a pail and a dipper. He dips out the water and pours it into the jug or cupped hands, as the case may be. Similarly from other windows lean Mohammedans, who call for "Mussulman water," and for whom the **bihishti** who carries Mussulman water performs the same service.

Bihishti is the word for water-carrier. Literally it means "heavenly one" or "man from heaven." If you have ever traveled through a desert and have been parched from thirst you can easily understand why a water-carrier is called a "man from heaven."

But why all this explanation? Just to show the background of a temptation that had been annoying me for years, since I first came to India in fact.

"What," I asked myself, "is the Christian supposed to do about getting water?" There is no tap marked Christian water and no water-carrier to bring it around. Of course one explanation is simple enough. According to the Hindu code water and food would be contaminated if a person of lower caste or an out-caste (a Christian for instance) would touch it or drink from the same vessel.

The Mussulmans are not so particular. But as long as the Hindus keep their own wells and utensils separate they have had to provide for themselves in order to obtain their supply.

Now the Christians are few and far between and for them it makes no difference where the water comes from as long as it is clean (preferably boiled for drinking purposes). In case of traveling, they can always carry their own, or buy soda-water or tea at the different stations. At any rate they don't have to die of thirst. At least that is how I understand the matter.

Now my temptation was this: I always longed to lean out of the train window and call out for "Mussulman water" or "Hindu water" and see if the **bihishti** would give me some.

And then, just a couple of weeks ago my chance came. I had to make a twelve or fourteen-hour journey and according to government regulations I was traveling light. (Incidentally it is much harder to travel light in India than in America. You must carry everything with you—bedding, towels, soap, drinking cup, etc. Nothing is provided). This time, however, I did not even take a cup or glass. I had just a small over-night bag with a clean habit, prayer book and towel.

I left Rawalpindi about noon, traveling by the inter-class compartment for women and children. The sign on the end-wall of the coach read: "Room for thirty persons." That meant sitting room, and I slipped into what seemed to be the only space left. As I looked around I saw that I was the only white woman in a coach full of about thirty women and some twenty children, including little babies in arms. It was a very nice group; all were Indians from the Punjab Province with the exception of a Burmese woman with three children who was sitting on my left. As I soon discovered, the Burmese woman was a Catholic, a refugee who was taking her three children to a school.

The train was very warm, and I thought: "Now, surely, I can try my experiment."

At the first stop the Burmese woman asked me if I would not like a bottle of soda-pop. "Won't you have a drink, Sister?" she urged, as she bought some for herself and for the children.

"No, thank you," I replied, explaining that I had just had tea and something to eat before leaving the hospital.

An hour or two passed, and then at another stop the Mohammedan women who were sitting on my right bought two pounds of ice and

A bihishti, an Indian water carrier

filled their water jug. By that time the train was hot, and I was really thirsty.

"Won't you have a drink of ice-water, Sister?" one of the Mohammedan woman asked, offering me a glassful.

"Yes, thank you," I said, and drank it with all pleasure.

How could I ask a **bihishti** for water when I was offered something from both sides! I decided I would have to postpone my experiment until my benefactors were out of the train. In the meantime the Burmese woman had called to the **bihishti** (it happened to be the Mussulman one) to refill her jug of water, which he did. I wondered then how he could tell whether his clients were Hindus or Mussulmans. Most of the Indians are easily distinguished and among themselves they seem to know the difference. But I wondered if they thought the Burmese woman was a Mohammedan, whereas I knew she was a Christian, and very few Burmese are Mohammedans except by marriage.

Two more hours passed—pleasant ones as far as the company was concerned. With a sociable group, such as most Indian women are, you soon learn where everyone lives, where they are going and why, etc. But it was late in the afternoon now, and the train was getting hotter and hotter. At another long stop, the Burmese woman again urged me to have a bottle of soda-pop, she treating of course. This saved my life for another hour or so. Meanwhile the Mohammedan ladies very kindly inquired whether there was anything they could get for me.

I should mention here that the Hindu women would have done as much, but as I had no drinking utensil with me they could not very well offer me a drink, for I would contaminate theirs.

When evening came my Burmese and Mohammedan friends had left the train and most of my companions were new. Among them were some Moslem girls on their way back to school. One was in her last year of college and told me that she had attended a Catholic sisters' school in her grammar grades. At once these girls bought ice and had their jug filled with clean "Mussulman water." They offered me a drink, which I accepted as it was still very hot.

By now I was firmly convinced that I need never worry about dying of thirst on an Indian train, not in women's inter-class anyway.

At this time I ate the lunch that I had brought with me from the hospital. There was only sitting room in the coach, so I sat up and dozed off and on until I reached my station at four o'clock in the morning. . . .

Now for the trip back the following night. It was evening when I boarded the train, and again I had to sit up all night as there was only a small space where I could squeeze in. The trip was equally interesting. I enjoy traveling in India even more now than when I first came, because I can understand and converse with the people much better and that makes quite a difference.

At breakfast time I bought some tea, which I really needed to wake me up. Gradually, on approaching Rawalpindi, the group thinned out and I was even able to snatch a few cat-naps. Finally there was no one left except a Hindu family and one Mohamme-

dan woman and child and myself. At a large stop the Hindu woman told her little girl to fill up the water jug. "Be sure it is Hindu water," she insisted.

"Oh, Mussulman **Bihishti,**" called the Mohammedan woman from another window, and she and her daughter drank of "Mussulman water."

"Now," I said to myself, "at the next stop I will ask the Hindu water-carrier for a drink. Should he ask: "Are you a Hindu?" my white face and the Crucifix around my neck would tell him differently. I would say, "No, I am a Christian." And then what would happen? I thought of various possibilities. . . .

At the next stop I leaned out of the window. Along came the Mussulman **bihishti.** I did not ask him, as I was now sure he would have no objections to giving me a drink. It was the Hindu water-carrier I wanted. Soon he drew near, but his dipper had no handle and as he filled it with water from his pail he had to put his whole hand into the water. Although the others seemed quite unconcerned, this worried me so I decided to await another **bihishti.**

At the next stop I leaned out of the window again. The platform was fairly busy with the usual fruit sellers and people getting on and off the train. Among the crowd was the Hindu water-carrier.

"Oh, Heavenly One," I called. "Give me a drink."

Immediately he came to the window, dipped into his pail and poured the water into my cupped hands. I drank as best I could in this unaccustomed style, then drew back and wiped my face with my handkerchief.

"Do you wish more?" he asked.

"No, thank you," I answered, and he passed on. Nothing happened. Nobody paid the least attention. That was that; I had tried my experiment, and it worked!

By this time there was no one left in the coach but the Hindu woman and her four children. Little Sheila had begun to make friends with me, and as is the way with the children, she was asking me questions by the dozen: Where did I live, where did my family live, how old was I, and why did I not wear bracelets and ear-rings like the other women, ad infinitum.

"And what do you say on your rosary?"—that was the 99th question.

"I say the name of God and pray to Him," I answered.

Everyone in India knows what a rosary is. The Buddhists use them and so do the Mohammedans and the holy men of various Hindu and other sects.

"I know," said Sheila. "You say: 'Sita-Ram, Sita-Ram.'" Those are the two most popular Hindu gods.

"No," said I, "I don't call God by those names. There is only one God, but He has many names."

"Tell me what you say," she insisted.

"Well, I say: 'Oh God, Who art in Heaven, blessed be Thy Name.'"

Then Sheila and her little brother insisted upon repeating the beads in my fashion, running the rosary through their fingers as they had seen the holy men do.

When we came to another station Sheila asked: "May I get you a drink of water?" She had run to the window and was getting a cupful of water from the Hindu **bihishti.**

"No, thank you," I replied. "I had some water before."

"Will you drink it," the little miss persisted, "if I get some in a glass for you?"

I refused however. The little girl might have been willing, but I was not so sure about her mother.

"Will you drink Hindu water?" she went on. She must have noticed that I drank Hindu water an hour or so ago.

"Yes," I said. "I drink Hindu water or Mohammedan water or any kind of water. I'm a Christian, you know, and all water comes from God."

That, at least, seemed to satisfy her for the moment.

And that, too, seems to be the answer to the problem of the water-carriers — the "men from heaven" who bring water to thirsty Mohammedans, Hindus—and Christians.

The Mission Clipper

Fiftieth Anniversary

This year, 1944, marks the 50th anniversary of the arrival in Alaska of His Excellency, The Most Rev. J. R. Crimont, S.J., now in his 86th year. The past year has seen much progress of the Church in Alaska. The first Alaskan-born Jesuit, Father William Terence McIntyre, was ordained to the priesthood; a new church was built at Bethel; a new heating plant was installed at a mission in Sitka and a three-story unit was added to the Little Flower Hospital in Ketchikan.—**Jesuit Missions.**

Native Sisters in the Missions

According to an article prepared for the Fides Service by the Rev. Frederick C. Dietz, M.M., approximately 70 per cent of the sisters in the missions of Asia are native born and over half the priests and brothers of the same territory are also indigenous.

The report says there was a 22.6 per cent increase among native sisters in the years from 1933 to 1939. These sisters total almost 93 per cent in Indo-China; about 65 per cent in Japan (where they

number 1,077) and China (where there are 4,081); 63 per cent in British India, and only 13 per cent in Africa. In mission fields throughout the world there are about 17,347 native sisters.

The Chinese Sisters of St. Mary

Father Eugene Spencer of St. Columban's mission in Hanyang, China, who returned only recently on the Gripsholm after seventeen years in the China missions, brought a remarkable account of the work done by the Chinese Sisters of St. Mary who have been conducting a dispensary in Hanyang under his direction. Some of the sisters have their diplomas as trained nurses, having completed their courses in Wuchang and Hankow hospitals.

The origin of this Chinese community is a most interesting one. During the flood of mid-July, 1931, the greatest that China had experienced in sixty years, thousands of homeless refugees poured into Hanyang City for shelter. Catholic mothers pleaded with Bishop Galvin to take care of their daughters who were homeless and living on the hillsides about the city. Although the houses of the Sisters of St. Columban and Loretto were taxed beyond their capacity, the Bishop still found many of these girls homeless. He bought a small piece of land and some houses and placed them in charge of a Chinese woman, Paula Wu, one of the best workers in the mission. Other girls joined her in taking care of the refugees and after the floods subsided several remained to devote themselves to charitable works. Finally the new institute became known as Sin Mung Tang—the Blessed Mother's House and developed into a catechumenate in which as many as 200 women at a time, with their babies, were cared for and instructed. It was also a dispensary, under the supervision of Father Spencer.

During the air-attacks on Hanyang during 1937-38 these women cared for many of the wounded. They fed refugees, vaccinated those exposed to infection, nursed and baptized the dying in the refugee zone of Hankow as well as in Hanyang.

On March 25, 1939 Bishop Galvin had the happiness of forming these Catholic women of China into a new sisterhood. On that day the first fifteen were received as postulants. The first profession was held on October 7, 1940.

Even during the occupation of Hanyang the Sisters of St. Mary continue their work. The latest report shows 29,656 dispensary cases treated in twelve months. The sisters have developed their dispensary work now to the point where it is practically self-supporting.

—Catholic Herald, Milwaukee.

Training Center in Tropical Medicine

On February 26 Dr. Harry S. Mustard, professor of public health practice and director of the DeLamar Institute of Public Health at Columbia University College of Physicians and Surgeons, announced plans to establish a world training center in tropical medicine at the College. The entire program of tropical medicine at Columbia, made possible by a grant of $150,000 from the Josiah Macy, Jr. Foundation, will be under the direction of the DeLamar Institute of Public Health.

—R. N., April, 1944.

Islam Thanks the Vatican

An interesting echo to the Pope's peace message was given in an article in a Cairo newspaper. According to a dispatch from the Office of War Information, the article said:

"We thank the Vatican for calling mankind to return to God. Along with Christianity, Islam also is looking for the road to peace in the spirit of justice, humaneness and true brotherhood. In this respect, statements recently made by important Moslem personages have displayed a striking similarity to the message of Rome."

—N. C. W. C. News Service.

Merely having an open mind is nothing. The object of opening the mind, as of opening the mouth, is to shut it again on something solid. —G. K. Chesterton.

IN OUR LIBRARY

INDIAN CRISIS by John S. Hoyland. Macmillan Company, New York. $2.00.

In this book, the author writes from personal experience and knowledge of India, where he lived more than fifteen years as a teacher and social worker. An Englishman by birth, Mr. Hoyland went to India in the early part of the century and has held positions there as Principal of the Friends' Mission High School in Hoshangabad, Central Provinces and as Lecturer in History and English at Hislop College in Nagpur. For the public services he has given, he was awarded the Kaisar-i-Hind Medal by the British Government. His many scholarly works on historical, religious and sociological subjects have won for him a Fellowship in the Royal Historical Society.

Vividly and in a convincing style Mr. Hoyland describes India, the land and peoples, and the various aspects of Indian life. His short chapters deal with a variety of subjects, such as the history of India, the Indian villages and large cities, the caste system, the untouchables, Indian states, education and religion. There are also several sketches of outstanding religious and political personalities. Considerable attention is given to the most prevalent social ills, the indescribable poverty, the appalling lack of sanitation and medical care and the high degree of illiteracy. All this is augmented by a wealth of detail which the author has drawn from personal experience and which add to the interest of the book.

For anyone who has not read a book about India, Mr. Hoyland's work would be an excellent beginning. It is wide in its scope; yet it does not pretend to cover everything that can be said about India. Best of all, it is written simply and sincerely, in a spirit of good will and with a readiness to understand. "Indian Crisis" is well worth reading.

Jottings From India . . .

RAWALPINDI

If you are beginning to swelter under the June heat, this "wintery" note from Sister M. Alma Julia, dated January 16th, may help to refresh you.

Snow-Capped Hills and Violets

"There is a delicious frost in the air this morning, but the sun is shining brightly and I'm sure it is going to be a lovely day. The Murree hills are covered with snow. If you have the ambition to do so you can climb to the roof of the hospital and take a good look at the snow-topped hills and then come down and pick some violets which are now in bloom and growing thickly under the two big trees in front of the house. I asked a sweeper what the names of the trees were, and what he told me sounded like **"sars."** Then I asked a nurse, and she assured me they were **"tali"** trees. Whatever the name they shade the whole front garden in summer and seem to attract wild geese in season. If we had the guns and the skill, and dared to shoot them we could have roast geese some day. Anyhow, Sister Bernadette picks the violets and has had bouquets in the chapel already. . . .

Home Industry . . . Candle-Making

"You may be interested to know that we have ventured into the candle-making business. Mass candles have gone up in price to 3 to 7 rupees each, excluding freight and postage (in American money that means more than a dollar each). We have been making the candles out of the accumulation of drippings we have here. Of course these home-made candles are not used for Mass or Benediction, but we burn them in front of the shrines to Our Lady and St. Joseph and when the electricity goes off (a not uncommon occurrence).

"We have made hundreds of them and expect to make a lot more so we will have enough for this summer. In Murree (where we go for vacations) we have no gas or electricity, but go to bed by candlelight. Some even read by candlelight, although we have one good kerosene lamp for general use.

"To make the candles we use ordinary wrapping twine, the absorbent kind of the right thickness, and dip it into melted wax until it grows large enough. We do fifteen at a time, as I have that many hooks screwed into a shelf. We make a knot at the end of the twine and fasten it on a paper clip which slips over the hook. In this way we can dip one after the other, so by the time the last has been dipped the first one has had time to dry enough to give it another coat of wax. . . ."

Sisters Margaret Mary and M. Dolores with three Franciscan Sisters from Thandla, Central Provinces, who are student nurses at Holy Family Hospital. They are, from left to right, Sisters Benigna, Germaine and Colette.

PATNA

American soldiers and several nurses have been frequent visitors at Holy Family Hospital in Patna. Sister Ignatius Marie writes:

"I have met many Americans within the past couple months. Many of the boys come to see the Jesuits, and the Fathers bring them down to see us. They have been from all over the States, and every one is longing to see Main Street no matter where it is, from Eastport to San Diego. . . .

"Several nurses stationed near here also visited us. They all happened to be from the West.

"For the past ten days or more our census was between 73 and 75 patients in a 70 bed hospital. I suppose you are asking, as did one of the Fathers who brought in two school boys from an outlying mission: 'How in the world do you put 75 patients in a 70 bed hospital?'

"Well, we don't put anyone on the floor, but we do have children two in a bed. The nursery for the new-borns also borrowed two large-size baby beds from the other nursery so they could put three new-borns in each bed.

More Blueprints

"All in all, the hospital is flourishing so much that blueprints are being made to expand us again—this time for more space for the men's quarters and for us. We are waiting for bricks and cement to arrive. It seems that we just complete one building operation when we have to begin another. After this one I don't see how there will be any space left on the compound . . .

And How Does Your Garden Grow?

"As for the garden, that is up to par with all the rest. The tomatoes did especially well and we had more than we could eat, though our food family is very large. We also had plenty of cauliflower; they are just finished. Rice is a present problem. It is so very expensive, but we are asking St. Joseph to attend to that matter . . ."

DACCA

From the Mitford Municipal Hospital in Dacca, where our sisters are in charge of the Nursing and Training School, comes the remarkable news that Siamese twins were born in the hospital. Sister M. Pauline writes:

"An interesting case was admitted—a woman gave birth to Siamese twins. Each weighed a little over five pounds. Men, women and children came in droves to see them, as such a case had been unheard of in this section of the country. Finally we had to lock them up in a room out of the way of the people, to protect them."

This Is Famine . . .

The following letter, dated September 29, 1943, arrived at our Motherhouse in Fox Chase only a few days ago. Several letters of a latter date, describing famine conditions in India and informing us that the peak of the famine is over, were received earlier and have been published in previous issues of the magazine. This letter, so long in coming from India, gives a graphic description of the early days of the crisis when the famine was just beginning. It was sent from Dacca by Sister M. Pauline, who is in charge of some of the centers of relief administration there:

"At least 300 starvation cases have been admitted into our emergency hospital. Besides famine they are suffering from cholera, amebic dysentery, typhoid, malaria and other ailments. It is a terribly pitiful situation. Men, women and children passed into the city from the villages. First they sold their bits of furniture to buy food. Then they sold their bracelets and other jewelry, then their saris and clothes and the tin off their roofs (if they had it). Finally they sold their bits of land, until at last they were dying of starvation.

"The Government has opened eight feeding centers in the city. In the morning the people are given sujee, tea and bread, and at noon and at night rice, fish and vegetables. People from the street have nearly torn down our hospital gate trying to get in during feeding time. If only we had a few more gallons of rice! Whatever is left after the patients have been fed we give to them. Daily six to ten die in our unit alone—their eyes sunk in their heads, ribs and bones protruding. They are indeed a most pitiful sight.

"Many are dying unknown. They could not tell us their names when they came in and have died since. And these are the very ones who grew the rice which is now so hard to get.

"For weeks they ate all kinds of weeds, leaves and bark off the trees. One storekeeper told me he was in the bazaar and saw a man in the fish market rubbing the juice and scales of fish on his arms. He asked him why he did this and the man replied: 'I have no money to buy fish, so I rub these fish particles on my arms. Then I go home and wash my arms in the water I cook my rice in, and at least I get a little taste of fish.'

"Government servants are supplied with a small amount of food at controlled prices. Otherwise there is absolutely no control on prices, so you can well imagine the situation. . . ."

During the month of June we recommend to your prayers the Mission Intention — more priests for the numerous Catholics of East Africa.

Cherries Grow on Trees • Hospitals Don't!

THAT IS WHY WE MUST ASK YOU, AGAIN AND AGAIN, TO HELP US BUILD A NEW 200-BED HOSPITAL IN RAWALPINDI, INDIA . . . .

The Sisters write: "There isn't an extra bed available. Just now we have six beds in each four-bed ward and ten patients in a six-bed ward. Oh, for some room to stretch!"

FOR THE WHEREWITHAL TO BUILD A NEW HOLY FAMILY HOSPITAL IN RAWALPINDI WE DEPEND ON YOU.

WILL YOU HELP?